

CHUBB®

Western Claim Service Center
P.O. Box 42065
Phoenix, AZ 85080
O (213) 612-0880
F (800) 664-1765

July 28, 2020

Farber & Co
333 Hegenberger Road, Suite: #504
Oakland, CA 94621

Re: Employee: Jonathan Shockley
Employer: Biotelemetry Inc
Date of Injury: 2/15/2019
Policy Number: 000071738154 / 000090
Claim Number: 040519008736
Company: Chubb Indemnity Insurance Company

To whom it may concern:

In accordance with the Rules of Practice and Procedures of the Workers' Compensation Appeals Board, we submit the following:

(X) Medicals as follows: All Medicals received from 05/12/2020 to present

Sincerely,

Mario Castro

Mario Castro
Claims Examiner.af

**PROOF OF SERVICE
1013A (3) CCP**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is P.O. Box 42065, Phoenix, Arizona 85080.

On July 28, 2020 I served the foregoing document described as Medical Reports, on the interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Los Angeles, California addressed as follows:

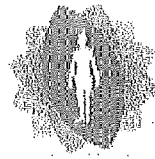
Farber & Co
333 Hegenberger Road, Suite: #504
Oakland, CA 94621

Executed on July 28, 2020 in Los Angeles, California.

I declare under penalty of perjury, under the laws of the State of California that the above is true and correct.

Aaron-Gregory Fernandez
Signature

Aaron-Gregory Fernandez
Typed or Printed Name



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zerehsaki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: May 29, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

DIAGNOSIS:

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

Plan:

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the kncc: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 06/03/2020

Castro, Mario : 06/03/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

Andreas Schwerte, O.M.D., L.Ac.300 Montgomery Street, Suite 650 San Francisco, CA 94104
Phone (415) 637-8603 Fax (415) 658-7674**SOAP Notes**

PATIENT: SHOCKLEY, JONATHAN
DATE OF ONSET: 2/15/19
DOB: 9/27/1978
CLAIM#: 040519008736
DATE OF VISIT: 06/17/2020

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Neck pain/tightness (4-8, c,d/s), bilateral, in occipital area, neck, and upper back. Neck and upper back feel very tight and sore.

Cervical ROM:

- Flexion: 40°/50°
- Extension: 40°/60°
- Lat. flex L/R: 30°/35°/45°
- Rotation L/R: 50°/55°/80°

ASSESSMENT

- Cervical Strain
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort with signs of possible radiculopathy. It seems so far that there is muscle tightness/shortness and arthritis/bone spurs causing his musculoskeletal pain. His referring physician stated that there are visible spurs in the MRI. The care he is receiving is reasonable and necessary.

Diagnosis:

- M54.2 Cervicalgia

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.
Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

99213, 97813, 97814, 97140, 97110 (30 minutes of oriental massage were applied)

6/19/2020

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Neck pain/tightness (4-7, c,d/s), bilateral, in occipital area, neck, and upper back. Neck and upper back feel very tight and sore.

Cervical ROM:

- Flexion: 40°/50°
- Extension: 40°/60°
- Lat. flex L/R: 30°/35°/45°
- Rotation L/R: 50°/55°/80°

ASSESSMENT

- Cervical Strain
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort with signs of possible radiculopathy. It seems so far that there is muscle tightness/shortness and arthritis/bone spurs causing his musculoskeletal pain. The care he is receiving is reasonable and necessary.

Diagnosis:

- M54.2 Cervicalgia

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.
Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110 (30 minutes of oriental massage were applied)

6/23/2020

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Neck pain/tightness (4-6, c,d/s), bilateral, in occipital area, neck, and upper back. Neck and upper back feel very tight and sore.

Cervical ROM:

- Flexion: 40°/50°
- Extension: 40°/60°
- Lat. flex L/R: 35°/35°/45°
- Rotation L/R: 55°/55°/80°

ASSESSMENT

- Cervical Strain
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort with signs of possible radiculopathy. It seems so far that there is muscle tightness/shortness and arthritis/bone spurs causing his musculoskeletal pain. The care he is receiving is reasonable and necessary.

Diagnosis:

- M54.2 Cervicalgia

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.
Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

97813, 97814, 97140, 97110 (30 minutes of oriental massage were applied)



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

for bilateral hands, wrists, and forearms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.

- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.

- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located
Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

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CC:

Kweller, Esq., Zachary : 07/13/2020

Castro, Mario : 07/13/2020

Kweller, Esq., Zachary : 07/14/2020

Castro, Mario : 07/14/2020

UR, Chubb : 07/14/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 07/10/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan ShockleyDate 07/14/2020Address 1000 Sutter St Room 123San Francisco, CA 94109

Rx

**12 sessions of Acupuncture for the
bilateral hands, wrists, and forearms**

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

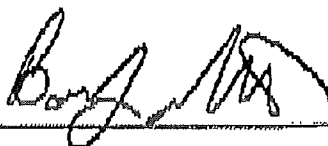
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

G56.20 Lesion of ulnar nerve, unspecified upper limb

Refill

☐ Do Not Substitute
M.D.☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshki, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jun 12, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient: Shockley, Jonathan DOB: 09/27/1978 Visit: 06/12/2020 Page: 1

WC520200709_8000 0285 003 13:11

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Since his most recent visit, he has been approved for 12 additional sessions of acupuncture treatment. We also have Dr. Bathia's BUE EMG report from 2/10/20. Our request for surgical consult for the neck was denied and will be appealed.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does not request for refills today.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The

patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

Plan:

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet

MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. We will request for surgical consult for the bilateral elbows today to address bilateral ulnar neuropathy, with Dr. Leonard Gordon.

- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.

- The patient has been approved for 12 additional sessions of acupuncture treatment. We will monitor his response.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESS, the patient defers injections at this time. Our request for surgical consultation with Dr. Paul Slosar was denied and will be appealed.

-No medications refilled at this visit.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or

inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

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CC:

Dr. Leonard Gordon : 07/01/2020
Kweller, Esq., Zachary : 06/19/2020
Castro, Mario : 06/19/2020
UR, Chubb : 06/19/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/18/2020

Andreas Schwerte, O.M.D., L.Ac.

300 Montgomery Street, Suite 650 San Francisco, CA 94104
Phone (415) 637-8603 Fax (415) 658-7674

SOAP Notes

PATIENT: SHOCKLEY, JONATHAN
DATE OF ONSET: 2/15/19
DOB: 9/27/1978
CLAIM#: 040519008736
DATE OF VISIT: 06/17/2020

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Neck pain/tightness (4-8, c,d/s), bilateral, in occipital area, neck, and upper back. Neck and upper back feel very tight and sore.

Cervical ROM:

- Flexion: 40°/50°
- Extension: 40°/60°
- Lat. flex L/R: 30°/35°/45°
- Rotation L/R: 50°/55°/80°

ASSESSMENT

- Cervical Strain
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort with signs of possible radiculopathy. It seems so far that there is muscle tightness/shortness and arthritis/bone spurs causing his musculoskeletal pain. His referring physician stated that there are visible spurs in the MRI. The care he is receiving is reasonable and necessary.

Diagnosis:

- M54.2 Cervicalgia

CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.
Treatment twice weekly for two weeks followed by re-eval.

PROCEDURES:

99213, 97813, 97814, 97140, 97110 (30 minutes of oriental massage were applied)

6/19/2020

SUBJECTIVE COMPLAINTS

COMPLAINT 1: Neck pain/tightness (4-7, c,d/s), bilateral, in occipital area, neck, and upper back. Neck and upper back feel very tight and sore.

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- Flexion: 40°/50°
- Extension: 40°/60°
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- Rotation L/R: 50°/55°/80°

ASSESSMENT

- Cervical Strain
- Myofascial Pain Syndrome

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6/23/2020

SUBJECTIVE COMPLAINTS

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Cervical ROM:

- Flexion: 40°/50°
- Extension: 40°/60°
- Lat. flex L/R: 35°/35°/45°
- Rotation L/R: 55°/55°/80°

ASSESSMENT

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DATE OF SERVICE: 06/19/2020

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